CITI MANDATE: (Zambia)

Application for payment by direct deposit.

NEW	AMENDMEN	T				CURRENCY USED BY
	UE EODM					YOUR ACCOUNT
HOW TO FILL IN THE FORM						
 Please read the leaflet carefully then fill in the form in CAPITAL LETTERS. Fill in Parts 1 and 2. Your overseas bank will help you if you are not sure. 						
• Sign Part 3.	Tour overseas bank win	i iicip j	ou ii you e	are not 3	uic.	
The Company remitting your payment will complete the Reference number field.						
PART 1.						
Your Name: Forena	ame(s)		Surnan	ne		
Varia Address (City Otata and Ame Bastel Onda)						
Your Address (City, State and Area Postal Code):						
Contact Tolonhone	numbori		Em	منا مططر	****	
Contact Telephone number: Email address:						
Your Reference Num	ber:	Sche	me Name			
PART 2						
Full Name of Bank or	Financial Institution					
Branch Name & complete address of bank						
Bank Sort code (M	andatory)					
Name of account holder (Mandatory)						
rumo or abouting it	ordor (maridatory)					
Account number (Mandatory)			1 1		
		L				
Reason for Payme	nt					
DAPT 3 Please read and sign helpy						
PART 3. Please read and sign below.						
I have read and understood the leaflet which accompanied this form and wish the payment to be paid by direct						
deposit to the account noted above.						
Signature					Date _	

IMPORTANT

PLEASE CONFIRM THE TYPE OF